

## CITY OF SAINT PAUL - DEPARTMENT OF SAFETY AND INSPECTIONS

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806

General Information: 651-266-8989 - Fax: 651-266-1919

Visit our web site: www.stpaul.gov/dsi

FOLDER #	
(Office use only)	

## APPLICATION FOR SALE APPROVAL OF A CATEGORY #2 REGISTERED VACANT BUILDING

Owner:    City   State   Zip	Use of Building (Check O	ne): Single	Duplex	Multi-Unit	
Address:  (Street Number and Street Name)  City  Fax:  (Include Area Code)  THE FOLLOWING REQUIREMENTS MUST BE COMPLETED AND THE APPLICATION FEE PAID BEFORTH THIS OFFICE CAN PROCESS A REVIEW FOR THE SALE OF THIS PROPERTY  A completed Vacant Building Registration Form must be provided. The annual vacant building fee (\$1,100.00) must be current, or provision must be made for the payment at cloe A code compliance inspection report (or a Fire team inspection report if the building has 3 or more units) must completed and must not be more than one year old. An estimate from a state-licensed, general building contractor to complete the code compliance repairs must be submitted. The estimate must be on the contractor's letterhead and include the contractor's state license numl. The estimate must include total costs for each of the 4 categories of repairs: Building, Electrical, Plumbing, and Heating. The estimate must contain a statement that it addresses all the code compliance work detailed in the compliance, or Fire team, inspection report.  A signed statement must be provided by the buyer giving a date or a time line for the completion of all the work the code compliance, or Fire team, inspection report. Proof of financial capability to complete the required work must be furnished.  I understand that this property SHALL NOT be occupied until all code corrections are made and writauthorization to occupy is obtained.  Fee Effective:  01/01/2010  Signature of Owner:  If PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:  American Express Discover MasterCard Visa  Expiration Date:  Account Number:  Amount: \$	Owner:				
Daytime Phone:	(Print Clearly and	l Legibly)			
Daytime Phone:	Address:				
THE FOLLOWING REQUIREMENTS MUST BE COMPLETED AND THE APPLICATION FEE PAID BEFORTHIS OFFICE CAN PROCESS A REVIEW FOR THE SALE OF THIS PROPERTY  • A completed Vacant Building Registration Form must be provided. • The annual vacant building fee (\$1,100.00) must be current, or provision must be made for the payment at clo • A code compliance inspection report (or a Fire team inspection report if the building has 3 or more units) must completed and must not be more than one year old. • An estimate from a state-licensed, general building contractor to complete the code compliance repairs must be submitted. The estimate must be on the contractor's letterhead and include the contractor's state licensen numl The estimate must include total costs for each of the 4 categories of repairs: Building, Electrical, Plumbing, and Heating. The estimate must contain a statement that it addresses all the code compliance work detailed in the compliance, or Fire team, inspection report. • A signed statement must be provided by the buyer giving a date or a time line for the completion of all the work the code compliance, or Fire team, inspection report. • Proof of financial capability to complete the required work must be furnished.  I understand that this property SHALL NOT be occupied until all code corrections are made and write authorization to occupy is obtained.    Fee Effective:	(Street Number a	nd Street Name)	City		-
THE FOLLOWING REQUIREMENTS MUST BE COMPLETED AND THE APPLICATION FEE PAID BEFORTHIS OFFICE CAN PROCESS A REVIEW FOR THE SALE OF THIS PROPERTY  • A completed Vacant Building Registration Form must be provided. • The annual vacant building fee (\$1,100.00) must be current, or provision must be made for the payment at clo • A code compliance inspection report (or a Fire team inspection report if the building has 3 or more units) must completed and must not be more than one year old. • An estimate from a state-licensed, general building contractor to complete the code compliance repairs must be submitted. The estimate must be on the contractor's letterhead and include the contractor's state license numl The estimate must include total costs for each of the 4 categories of repairs: Building, Electrical, Plumbing, and Heating. The estimate must contain a statement that it addresses all the code compliance work detailed in the compliance, or Fire team, inspection report. • A signed statement must be provided by the buyer giving a date or a time line for the completion of all the work the code compliance, or Fire team, inspection report. • Proof of financial capability to complete the required work must be furnished.  I understand that this property SHALL NOT be occupied until all code corrections are made and write authorization to occupy is obtained.    Fee Effective:   \$275.00   Make Checks Payable to: City of Saint Paul	Daytime Phone:	(Include Area Code)	Fax :	(Include Area Cod	
THIS OFFICE CAN PROCESS A REVIEW FOR THE SALE OF THIS PROPERTY  A completed Vacant Building Registration Form must be provided. The annual vacant building fee (\$1,100.00) must be current, or provision must be made for the payment at clo A code compliance inspection report (or a Fire team inspection report if the building has 3 or more units) must completed and must not be more than one year old. An estimate from a state-licensed, general building contractor to complete the code compliance repairs must be submitted. The estimate must be on the contractor's letterhead and include the contractor's state license numl. The estimate must include total costs for each of the 4 categories of repairs: Building, Electrical, Plumbing, and Heating. The estimate must contain a statement that it addresses all the code compliance work detailed in the compliance, or Fire team, inspection report. A signed statement must be provided by the buyer giving a date or a time line for the completion of all the worthe code compliance, or Fire team, inspection report. Proof of financial capability to complete the required work must be furnished.  I understand that this property SHALL NOT be occupied until all code corrections are made and writauthorization to occupy is obtained.  Fee Effective:  01/01/2010  Make Checks Payable to: City of Saint Paul  Signature of Owner:  IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:  American Express  Discover  MasterCard  Visa  Expiration Date:  Account Number:  Amount: \$					
Signature of Owner:     IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:     American Express   Discover   MasterCard   Visa   Visa   Expiration Date:   Account Number:   Amount: \$	<ul> <li>The annual vacant by A code compliance is completed and must</li> <li>An estimate from a submitted. The estimate must in Heating. The estimate compliance, or Fire to A signed statement in the code compliance.</li> <li>Proof of financial capt</li> </ul> I understand that this present and the code compliance.	nilding fee (\$1,100.00) must inspection report (or a Fire to not be more than one year of tate-licensed, general build nate must be on the contract clude total costs for each of the must contain a statement eam, inspection report. In the provided by the buy, or Fire team, inspection repability to complete the required operty SHALL NOT be	team inspection report if the old.  ing contractor to complete stor's letterhead and include f the 4 categories of repairs that it addresses all the cooper giving a date or a time literort.  guired work must be furnish	the code compliance rethe contractor's state: Building, Electrical, de compliance work define for the completion and the completion are the completion and the completion and the completion are the completion are the completion are the completion and the completion are the completion and the completion are the comple	re units) must be epairs must be license number. Plumbing, and etailed in the cool of all the work be
Signature of Owner:  IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:  American Express Discover MasterCard Visa  Expiration Date: Account Number: Amount: \$		Fee Effective:	φ <b>277</b> 00		
Signature of Owner:  IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:  American Express Discover MasterCard Visa  Expiration Date: Account Number: Amount: \$			•		
IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:  American Express Discover MasterCard Visa  Expiration Date: Account Number: Amount: \$		Make Checks Paya	able to: City of Saint Paul		
IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:  American Express Discover MasterCard Visa  Expiration Date: Account Number: Amount: \$	Signature of Ow	nor•			
American Express Discover MasterCard Visa  Expiration Date: Account Number: Amount: \$	Signature of Own				
Expiration Date: Account Number: Amount: \$	IF PAYING BY CREDIT CAR	RD, PLEASE COMPLETE T	HE FOLLOWING INFORM	ATION:	
	Masie Care	American	n Express Discover	☐ MasterCard ☐	☐ Visa
/	<b>Expiration Date:</b>	Account Number:	Amou	nt: \$	<del></del>
	,				
	/				
	Signature of Cardholder (require	d for all charges)		-	Date